

# COMMUNITY SERVICE GRANT PROGRAM AWARDEES

## CONTACT INFORMATION

This individual will be listed as the contact person for the Community Service Grant Program award period through September 30, 2004. Any correspondence, requests for information, updates, etc. concerning the status of your approved grant will be directed to this individual. If any of the contact information changes, please resubmit this form for revision.

**Please print (clearly):**

Inscription: \_\_\_\_\_ First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Title: \_\_\_\_\_

Organization/Agency: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_ Fax Number: (\_\_\_\_) \_\_\_\_\_

Email Address: \_\_\_\_\_

*(Please note that the majority of grant correspondence will be through email!)*

Date of submission: \_\_\_\_\_

CSGP Award Name: \_\_\_\_\_  
(Should be the same applicant name as specified on the grant application)

**Please return this form to:**

Service Learning Supervisor  
Community Education  
Department of Elementary and Secondary Education  
P.O. Box 480  
Jefferson City, MO 65102-0480  
Fax: (573) 526-4261